ATTORNEY DOCKET NO.: P-9684.00 Express Mail Label No.: EV 019 707 3

THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

PATENT Total Pages

TITLE: I		AND APPARATUS FOR REMOTELY PROGRAMMING IMPLANTABLE MEDICAL DEVICES CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope						
C843 U.S. PTO		addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EV 019 707 351 US, on this day of february, 2002.						
P T O	1	Patents Patents PLICATION						
BOX PA	sioner for TENT AP Iton, D.C.	· LIOATION						
x	Sir: Patent	We are transmitting herewith the attached: Application Transmittal						
X-ii- X Land John Land, male male male male male male male male	Specifi Drawin	cation: Total pages: 46 (including claims and abstract: Spec. 39 sheets; Claims 6 sheets; Abstract 1 gs:						
		Total sheets: _13 ☐ formal						
a a	Combin	unexecuted copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.						
prog. 10th, give, give, geris, 10th,	x	Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard						
IF A CO		NG APPLICATION:						
	\boxtimes	Continuation Divisional Continuation-in-part (CIP) of prior application No. <u>09 / 466,284, filed December 17, 1999</u> .						
		Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number, filed						
		Cancel in this application original claimsof the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)						

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: <u>Girma Wolde-Michael</u>.

(4 /2)

□ x

Minneapolis, Minnesota 55432 Telephone: (763) 514-6402 Facsimile: (763) 505-2530

FEE CALCULATION	No. of Claims Filed	Claims Inclu	ded in	No. of Extra Claims	Rate	Fee
Total Claims	32	20	=	12	x 18	216
Independent Claims	5	3	=	2	x 84	168
Multiple Dependent Claims	0			0	+ 280	0
Basic Filing Fee						\$740.00
					TOTAL	1124.00

Charge Deposit Account No. 13-2546 the amount of \$1124.00 for the filing fee for a TOTAL OF \$1124.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Multiple De Claims

Basic Filing

X Charge Deposit Acc

The Commissioner is overpayment to Dep

Girma Wolde-Michael, Reg. No. 36,724

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